ILLINOIS

MEDICAL & SURGICAL JOURNAL.

VOL. I. JULY, 1844. NO. 4.

CHOLERA INFANTUM.

This disease, so fatal in many portions of the American continent, is little known in Europe. Some writers upon the subject are indeed of opinion that it is exclusively American. Facts do not, however, appear entirely to carry out this view. A case is quoted by Dr. Horner,* from M. Billard, which was evidently, from the symptoms and post-mortem appearances, a true case of cholera infantum. Symptoms analogous to those essential to this disease, are enumerated by Dr. Hope,† as precursory to inflammation of the brain, or its membranes,—a frequent termination of cholera infantum. The diseases known as "infantile gastric remittent fever," "weaning brash," "worm fever," "bilious and mucous diarrhœa of children," all appear to have some symptoms and pathological relations in common with this disease. The essential points of distinction will be noticed when we come to speak of diagnosis.

Symptoms. Cholera infantum is generally ushered in by diarrhœa of several day's continuance. Violent vomiting and purging follow, with griping, and spasmodic pains similar to those of the cholera of adults. Fever generally supervenes, with "a quick and feeble, or irritated and corded pulse; seldom full, strong, or voluminous.‡ There is usually an unequal distribution of temperature, the head and epigastric region being preternaturally hot, while the extremities are cold. Determination to the brain is a frequent symptom. This is, in some instances, of an active character, as denoted by increased sensibility, intolerance of light, injection of the conjunctiva, restlessness, and sometimes convulsions. In other cases, and most frequently in the later stages, the

*American Journal of Medical Sciences, February, 1829.

†On Inflammation of the Brain. Tweedie's Library of Practical Medicine.

‡On Cholera Infantum. Dewees on Children, Philadelphia, 1836, p. 415.

cerebral symptoms are those of depression, such as deficient animation, languor, drowsiness, or stupor, the little patient sleeping with the eyes half closed. The dejections are, for the most part, white, thin, and frothy, sometimes tinged with blood, and sometimes containing small lumps of fœcal matter, covered with mucus. Occasionally the evacuations have a greenish tinge, less often are yellow or brown. They are either inodorous, or extremely offensive. According to Dr. James Jackson, the natural odor of fœcal evacuations is never present. The rapidity of emaciation is a most characteristic symptom, and Dr. Brainard has mentioned paleness of the surface, depression of the umbilicus, and a contraction of the skin of the abdomen into transverse wrinkles, or folds, as of constant occurrence in his practice.

If relief is not obtained, and death does not occur in a few days, the symptoms of collapse supervene. The patient becomes somnolent, is difficult to rouse, fainting fits occur, the countenance is sunken and pallid, and death may occur, with all the symptoms of hydrocephatus, or the little sufferer may linger for weeks under the most aggravated circumstances, and finally recover. After the violence of the attack has abated, the symptoms may change into those of simple chronic diarrhœa, and require the same treatment.

The *prognosis* is exceedingly difficult. The reappearance of bile in the stools, with diminished frequency and increased consistency; of moisture upon the skin; the cessation of the fits of vomiting; improved appetite, and increasing cheerfulness and attention to surrounding objects, are favorable symptoms. Dr. Dewees (loc. cit.) mentions two symptoms which he esteems as invariably fatal: "The appearance upon the chest of a crystalline eruption composed of a vast collection of minute vesicles, apparently produced by flirting an equal number of minute drops of boiling water," and the crawling of a *live* worm from the throat. Dr. Chapman mentions the occurrence of a pink margin in the stools as a fatal sign.

Diagnosis. Cholera infantum differs from the cholera of adults in several particulars. It is more distinctly febrile, is often gradual in its approach, and is apt to be protracted in its course, and assume a chronic form, circumstances seldom seen in the latter. (Eberle.*) It also exclusively attacks children between the ages of 2 and 24 months. It is distinguished from infantile

* Practice of Medicine, vol. ii. p. 304.

gastric remittent fever, by the occurrence of the latter in children over 2 years of age (Dr. Locock*); by the greater prominence of the febrile symptoms, by the regularity of the remissions, less frequent occurrence of cerebral symptoms and spasmodic pains, less rapid emaciation, and frequent constipation. From simple diarrhœa and dysentery, the gastric derangement, and the symptoms observed by Dr. Brainard, as mentioned above, will serve to distinguish it. The most difficult point of diagnosis, is between this disease and idiopathic affection of the membranes of the brain. The difficulty is enhanced by the fact that, in infants, we are obliged to rely upon the *objective* symptoms, the inability of the patient to communicate his sensations excluding us from deriving any information from the *subjective*. In cholera infantum, there is more apt to be tenderness upon pressure over the epigastric region and redness of the tongue, and the vomiting, though more obstinate, more readily yields to the proper remedies than in the case where the cerebral affection is primary. In the latter the evacuations are most frequently dark and offensive; in the former frequently colorless and odorless. Unless there has been diarrhœa previous to the violent attack, in cerebral affections, the bowels are mostly constipated; in cholera infantum, diarrhœa may be considered a constant symptom. For further discussion of this subject, I must refer the reader to the admirable treatise of Dr. Hope, above cited.

Post-mortem Appearances. The seat of the disease is located, by common consent, in the mucous coat of the stomach and bowels. Dr. Horner (loc. cit.) is of opinion, from numerous autopsies, that this affection is "rather a *follicular* than an *erythemoid* inflammation, that is, rather a disease of the innumerable mucous glands and follicles, extended from one end to the other of the alimentary canal, than a common vascular or erythemoid inflammation." In the stomach and small intestines, particularly the duodenum, dark livid patches have been observed. (Dewees' loc. cit.) According to the same author, the large intestines are seldom much affected; with this opinion Dr. Horner does not agree, for he remarks that ulcerations, though of rare occurrence, are more frequent in the large than the small intestines. The gall-bladder is sometimes distended, either with bile of a green color, or a fluid of a pale color like mucus; in one instance observed by Dr. Dewees, it was "filled with a fluid nearly as white as

* Tweedie's Lib. Pract. Med., vol. i. Art. Infantile Gastric Remittent Fever.

serum, and of little more consistency;" at other times it has been found flaccid, with the same kind of contents. The liver is generally enlarged, seldom altered in structure. Its enlargement is supposed to be dependent upon congestion, from obstruction of the portal circulation. The other viscera of the abdomen, and those of the chest, do not present any abnormal appearances. The brain in most cases appears in a state of congestion with red blood, and in protracted cases, effusions are found showing a co-existing inflammation of the arachnoid.

Causes. The remote causes of cholera infantum, are generally acknowledged to be high atmospheric temperature, vitiated air of cities, and the irritation of dentition. To these may be added surfeit, depraved nutrition, vitiation of the milk from ill health of the mother or other causes, weaning too early, inordinate purgation, and the abuse of calomel. As a frequent *proximate* cause of the disease, we are disposed to assign the presence of acid secretions. There are, we think, several good reasons for this presumption. When bile is present in the discharges, they almost invariably assume the "chopped spinage" appearance, which is referred to the presence of acid; a sour smell is frequent in the evacuations; the liver is torpid and the bile is absent, whose office it is to neutralize the excess of acid in the chyme; the mother's milk, which should be alkaline, is often acid; and the diarrhœa is checked more quickly and permanently, and, the function of the liver being restored, the natural appearance of the evacuations is more rapidly restored, by the use of alkaline remedies, than by any other means. "In some instances the discharges are so acrid as to excoriate the parts about the anus;" (Eberle loc. cit.); would they not then be sufficient cause for the follicular inflammation of the intestinal canal?

Treatment. If called to a patient affected with the precursory symptoms of cholera infantum, the indications are, to restore the function of the liver and skin; to free the alimentary canal of such ingesta as may be the immediate source of irritation, and to restrain within bounds the diarrhœa. If the evacuations contain no bilious matter, calomel with ipecac, each ¼ gr. may be given every two hours, until a fœcal or bilious evacuation has been obtained, which will generally be in six or eight hours. These minute doses answer the indications for their use, equally well with larger quantities, and are less apt to produce unpleasant results. When bile is present in the evacuations, Hyd. cum. creta, grs. ij. with creta

prep. grs. iv. may be given every two, four, or six hours, according to circumstances, until the frequency and abnormal character of the discharges is obviated. If determination to the brain is evident, it becomes a matter of doubt whether the diarrhœa should be suddenly checked. The administration of astringent remedies under such circumstances, would, we think, be not only useless but injurious, and, in fact, their use is of doubtful propriety, except in later stages, where the diarrhœa is habitual, rather than a result of irritation. Remove the acid secretions by alkaline remedies, and restore the function of the liver, and the diarrhœa will of itself subside. If it be deemed advisable to give an alkali, without immediately causing a cessation of the discharges, the following will be found a good formula: ℞. soda sup. carb. ℈ij. aquæ menth. pip., aquæ font. aa fℨj. M., of this a teaspoonful may be given, to a child 6 months old, every two hours until the discharges assume a natural tinge. The compounds of soda, potassa, and magnesia, form, with the acid secretions, purgative compounds, and keep the bowels in a soluble state, while the compounds with lime are without purgative action, and under their use the diarrhœa generally ceases suddenly. An exception to the condemnation of astringents, is found when blood appears in the stools. Under such circumstances, the use of plumbi acetas ½ gr. every two or four hours, will be found highly useful. This simple treatment, with proper regimen, will be found all-sufficient, in most of the diarrhœas of children, whether simple, or premonitory to an attack of cholera infantum.

The use of opium in any stage of cholera infantum we esteem worthy of the strongest condemnation. In the greater majority of cases, occurring under our own observation, where the brain or its members were affected, this drug in some form had been administered by parents or officious friends. Numerous professional gentlemen with whom I have conversed upon the subject have given their testimony to the same fact. We cannot forbear quoting the observations of Dr. Sigmond in regard to this point of practice, as we are persuaded that their importance is not sufficiently appreciated.* "To manage the use of opium, or other medicines, of the same class, adroitly, either in adults or in children, when it is our object to subdue nervous irritability is by no means an easy task. There are not many of the diseases to which infancy or childhood is subject in which you will find this drug at all necessary, and in

* Am. Journal, May, 1838, p. 182, from London Lancet.

by far the greater number it is altogether inadmissable; this most probably arises from the great predisposition that exists at that period to arterial acceleration and to cerebral affection. The only circumstances which imperatively call for its administration are very severe bowel complaints, which can by no other means be controlled, and also those alarming convulsions which occur at this period, and which sometimes threaten immediately to terminate existence; in such instances the necessity for quick relief, and the urgency of the case may demand from us, the having recourse to means which in themselves, under ordinary circumstances, would be objectionable. We must then administer very minute doses, must take care that if any unfavorable symptoms arise we have the means of checking their progress."

If violent vomiting and purgation come on, the treatment must be prompt and active. Internal remedies are seldom retained, so that it is necessary to tranquilise the stomach as promptly as possible by external applications. If the head is hot, the skin dry, the extremities cold, abstraction of blood from the temples by leeches, or other means, is an excellent preparatory to other treatment. Mustard applications to the feet, by the bath, or a large slice of bread moistened with hot water and sprinkled with mustard, the spice poultice over the abdomen are all to be put in requisition. "A teaspoonful of strong coffee, without sugar or milk, given every fifteen minutes," is highly recommended by Dewees. The same author speaks in the highest terms of "an injection of a gill of warm water, in which is dissolved a large teaspoonful of common salt; this is for a child a year old or upward, proportionably less for younger." This he recommends to be repeated *pro re nata* when the vomiting is severe until a copious fœcal or bilious evacuation is obtained. Cold applications should be kept upon the head as long as active determination to the brain is manifest, assisted by local abstraction of blood, or blisters behind the ears, as the symptoms may demand and the pulse admit. The state of the skin should be attended to and diaphoresis promoted by the warm bath, and in some instances where there is unequal distribution of temperature, this effect is assisted by blisters. "It is a fact not sufficiently known that without vesication, in certain conditions of the skin, diaphoresis will not take place." (Dewees loc. cit.)

If the above mentioned remedies do not arrest the vomiting, we have recourse to the powders of cal. and ipecac. aá gr. ¼. One

of these may be administered every hour either by throwing it into the mouth, or mixing it with a small quantity of simple syrup, to which has been added its own bulk of a strong infusion of cardamon seed. These will generally procure a fœcal or bilious evacuation in a few hours; after which they may be given less frequently. When the irritability of the stomach has been allayed, the action of the powders may be assisted by a teaspoonful of melted butter, or castor oil, given every two hours until it operates; or by enemata containing a proportionable quantity of the same ingredients, with mucilage or starch. Active purges cannot but increase the irritation of the primæ viæ.

After the violence of the disease has abated, the treatment varies with the symptoms, and no precise rules can be given. If the diarrhœa continues, with light green discharges, the alkaline solution mentioned above, or the following formula, will be found useful: ℞ Hyd. cum. creta grs. xij. creta prep. ʒss div in chart. no. viij, of these one may be given every two, four, or six hours, according to circumstances. In some instances the diarrhœa becomes colliquative. It appears to be kept up by habit more than from any active cause of irritation. In several instances of this kind I was led to suppose that worms were the cause of its continuance, and with a view to their expulsion, administered the oil of turpentine. To my surprise the diarrhœa ceased, after a very few doses and not again returning, convalescence was rapid. In another instance I used the same remedy as a stimulant, in a case where there was evident irritation of the brain, with such general depression, that death was threatened simply from exhaustion. No evidences of effusion were discoverable but stupor and coma. Five drops of the oil of turpentine were given every four hours: the pulse rose in fulness, the passive diarrhœa was checked, the patient was more easily roused, and the system rallied to such an extent that I felt safe in applying a few leeches behind the ears. While the leeches were drawing every cerebral symptom disappeared, the diarrhœa did not return, digestion improved, and fresh air and wholesome diet completed the cure. I am inclined to think that the cases in which this remedy will be found most useful, are those in which the symptoms, from a resemblance to those of typhoid disease, lead us to suspect ulceration of the mucous membrane or the glands, which condition Dr. Horner's observations prove to exist. The value of this remedy in typhoid

fever, as cited by Dr. Wood,* is well established, as also its general astringent effect upon mucous passages.†

In all stages of the disease it is essential to examine the gums and if swollen and tense in the situation of a tooth about to appear, free incisions are to be made *down to the tooth.* Upon this subject the following remarks of Dr. Hope are excellent: "The grand source of irritation resides not in the gum itself, but in the membrane immediately investing the tooth, which, formed out of cellular tissue, becoming progressively denser and tighter in proportion as it is more stretched by the enlarging tooth, eventually attains an exquisite degree of painful tension. When once this is fairly divided, it retracts so completely as ever after to be incapable of reuniting. It is the division of this membrane, therefore, which constitutes the great source of relief; if the superincumbent gum heal, any supposed induration of it is of little moment: the part has only to be divided again as often as it becomes inflamed." A simple incision, the whole length of the tooth, is to be practiced in the case of the incisors: in the molar teeth a crucial incision, so as to liberate the four corners.

During convalescence and after the violence of the disease is passed, the bowels should be kept in a soluble state, and digestion promoted by gentle tonics. These indications are both answered by the use of the aromatic syrup of rhubarb, of which a teaspoonful may be given twice or thrice daily, and if the laxative effect is not sufficient, more frequently.

Regimen. The importance of this part of the treatment cannot be too strongly insisted upon. If the child is still at the breast, a critical examination of the mother's milk should be made. This, from its liability to change in its constitution, from innumerable circumstances affecting the nurse, is without doubt one of the most pregnant causes of infantile diseases. The health of the nurse, her diet, her mental excitability, the effect of medicines, all, as causes of these changes, should be enquired into and regulated. The milk should be examined by chemical tests, and by the microscope, which has proved such a valuable means of investigating the state of the secretions in the hands of M. Donne.‡ This observer has shown the modes of ascertaining the abnormal

* U. S. Dispensatory Art. Oleum Terebinth.
† See Pereira's Mat. Med. Art. Oil of Turpentine, its use in Blenorrhœa.
‡ See Dictionnaire de Medecine Arts. "Lactation" and "Lait."

conditions of the milk, and indicated the means, in many instances, of correcting them. The milk should, in all cases, be alkaline in its reaction. The simple test with litmus paper, will indicate the presence of acid, which will generally be counteracted by the administration of carb. of soda to the nurse. Simple remedies such as this, will often prevent much mischief. It would be well if all practitioners were acquainted with the researches of M. Donne, further notice of which our limits, already transgressed, forbid. For the rest we shall not attempt any addition to the rules laid down in the treatises of Dewees, Eberle and others, with the single exception, that in most of these essays the use of farinacious articles, is, we may venture to suggest, carried too far. Those substances, lately proven by Liebig, incapable of being formed into the tissues and affording but few salts, cannot contribute to the production of healthy blood, and especially in the stages of weakness and convalescence, should not entirely take the place of nitrogenized substances. The avoidance of surfeit, fresh air, and wholesome and nutritious diet, are the best preventives to this fearful disease, and without their proper regulation, medication affords but temporary relief.

Case of Deformity from Burn successfully treated by Plastic Operation. By DANIEL BRAINARD, M. D., Professor of Anatomy and Surgery in the Rush Medical College.

DURING a part of the winter of 1842, I performed, through the courtesy of Dr. J. V. Prather, the service of the surgical ward of the St. Louis City Hospital. On first entering it, I noticed a colored boy named William, aged about 12 years, affected with an extensive deformity, from a burn of four months standing, produced by the ignition of spirit gas. The chin was firmly bound to the superior extremity of the sternum, by a cicatrix an inch in length, by two and a half inches broad. This also extended, but superficially, on the sides of the jaw to its angles, and upon the breast, where there was a small part of it, imperfectly formed. The effect of this approximation of the sternum and lower jaw, was a permanent separation of the lips and jaws, except where the head was thrown much forward, inability to retain the saliva, or turn the head, great elevation of the sternum from continued efforts to throw the head backward. His condition is represented

with sufficient accuracy by *fig.* 1. So great was the inconvenience, that he was found unfit for service and sent to the Hospital for relief.

(Fig. 1.)

On Monday, November 7, 1842, I proceeded, in presence of the medical class of the St. Louis University, and several medical gentlemen, with the assistance of Drs. Prather and Pope, to put in operation Dr. Mütter's operation for the relief of such deformities. An incision was accordingly made transversely below the chin, and in contact with the sound skin, from side to side, which, on raising the lower jaw, left a deep fissure between it and the sternum. A flap three and a half inches broad, by seven inches in length was then dissected up from the right shoulder, and turned upon its base in such a manner as to fill up the vacancy beneath the chin. It was fixed in this position by twisted sutures, supported by adhesive straps, and a roller. The denuded surface upon the shoulder was covered with lint and cerate, and the patient placed in bed. The flap adhered, by the first intention, excepting one and a half inches at its extremity, which, from its great distance from the pedicle, sloughed and separated. Notwithstanding this unfavorable occurrence, the result of the operation was highly satisfactory.

May 7, 1844, eighteen months afterward, the chin was three inches distant from the sternum, the natural depression between the parts existed, the mouth was closed, and the patient in the condition represented in *fig.* 2. There existed, however, upon the left side, a band which prevented the movements of the head and jaw from being as free as natural. In a case operated upon by Professor March of Albany, which he had the kindness to show me, a similar band existed. These facts lead me to believe that it would be well in such cases to take two flaps, one from each shoulder, as suggested by Dr. Mütter.—(*American Journal Med. Sciences, July* 1842, *p.* 80.)

(*Fig.* 2.)

The above described operation was first proposed and performed by Dr. Mütter, (op. cit.) but had not, as far as I am aware, been repeated by any one at the time of its performance in the above case. This has since been done with success, by Dr. March, by a surgeon of Connecticut, whose case I have mislaid, and more recently, in a modified form, by Dr. Wm. B. Diver of Cincinnati. Of its value, no one who has had occasion to observe its results, can entertain a doubt, as it offers a remedy for a frightful and otherwise incurable deformity. It is probable, however, that great care on the part of the surgeon, during the period

of cicatrization of such burns, might, in many cases, prevent the necessity of resorting to it.

Chicago, June 29, 1844.

PRACTICAL MEDICINE, &c.

VARIATION IN THE STRENGTH OF BLUE MASS AND MERCURIAL OINTMENT.—From the report of the committee on Mercurial Preparations, of the College of Pharmacy, New York, it appears that the blue mass and mercurial ointment, as prepared by different manufacturers, is subject to a considerable variation. In the former the per centage of mercury was in some specimens as low as 20, in others as high as 34! in the ointment it varied from 21 to 46. The upper stratum of ointment was, in some instances, 4 per cent. less rich in mercury than the lower stratum in the same jar, as the result of settling. As these facts are important to those who have frequent occasion to use these preparations, we extract from the American Journal of Pharmacy the following letter describing the processes used for testing their strength:

"NEW YORK, Feb. 13, 1844.

"*Gentlemen:* In compliance with your request, I beg leave to state, that the following methods were adopted to ascertain the per centages of mercury in blue pill and mercurial ungt.

"The blue pill was washed with warm water, and also alcohol, to remove such organic matters as were soluble in these fluids; it was dried until it was of the consistence of a thick paste, then mixed with an equal weight of sulphuric acid,—the whole being heated until the remaining organic matter was decomposed and carbonised; the persulphate of mercury and carbonised matter so obtained were boiled with a solution of chloride of tin, to reduce the mercury; the precipitate was washed and dried, and the mercury separated by sublimation in glass tubes.

"The mercurial ointment was treated with warm water, by which means the greatest part of the lard separated, floating on the water; it was then washed with a little alcohol to remove any water attached to it, and then triturated with hot spirits of turpentine, which displaced the remaining unctuous matters; then washed with warm alcohol twice, to cleanse it from the turpentine and grease: upon drying it at a temperature of about 90 degs. the mercury will assume the form of globules, or may be made to do so by pressing it together.

"Your most obedient servant,

"LAWRENCE REID.

"To the Committee of the College of Pharmacy, New York, on Mercurial Preparations."

Preparations of Iron dangerous in certain forms of Chlorosis.—By M. Trousseau. Iron has generally been regarded as a medicine which could not do harm in cases of chlorosis, but M. Trousseau's attention was powerfully attracted to the fact, that it is sometimes followed with most disastrous consequences, from meeting with two cases where the chlorotic affection not only resisted the preparations of iron, but where it seemed to light up a latent tubercular affection which rapidly carried off his patients. Since then he has remarked several cases; and, therefore, strongly recommends that iron be not administered in any case of chlorosis where tubercular affection has either been developed, or where there is a disposition to scrofula. As a general rule he states, that, if chlorosis occurs in a young girl about the age of puberty, in whom no scrofulous tumours have been observed since infancy or childhood, and who has never had hæmoptysis, iron, in large doses, may be safely administered with every prospect of soon removing the disease. If, however, there be any grounds for believing that there is a scrofulous tint, iron must be carefully abstained from, and the chlorotic affection must be endeavored to be removed by change of air, tonic regimen, horse exercise, sulphurous preparations, &c. If the chlorotic affection has come on at the age of 25 to 35, there is reason to believe something seriously wrong, and preparations of iron are to be prescribed with caution; but if it has supervened suddenly on copious loss of blood, uterine hæmorrhage, or over-nursing, provided there be no scrofulous tendency, iron may be safely and freely prescribed.—*Med. Examiner from Journal de Pharmacie.*

M. Trousseau on Urtication in the Treatment of Rubeola.—In a recent number of the "Journal de Medecine," after recalling the wise precepts of Sydenham, who advises not to use stimulants in the treatment of persons laboring under eruptive fevers, and not to keep them too warm. M. Trousseau remarks that, although these precepts are generally correct, we must not entirely prescribe the employment of local or external excitants when the exanthema has disappeared abnormally. He then states that in several instances he has resorted, with great advantage, to urtication, and gives the following case:—A young woman was received in his wards on the sixth day, of a rubeola. The eruption was very intense, but on the day following her admission, she was seized with very acute capillary bronchitis, and the eruption disappeared. Copious bleeding was resorted to without success, and the dyspnœa became so intense, the pulse was so small and frequent, that he despaired of her life. He then gave a sufficient dose of ipecacuanha to produce vomiting, and when she had recovered from the state of semi-syncope into which the vomiting had thrown her, he had her severely fustigated with nettles from the head to the feet. The effect was truly magical. In the course of a few hours after the remedy had been resorted to, the oppres-

sion had ceased, the fever had nearly disappeared, and convalescence had commenced.—*Medical Examiner, from London Lancet.*

Extemporaneous Vesicant. By Dr. Darcq.—Into a flat watch glass, pour from 8 to 10 drops of very concentrated ammonia; cover the liquid with a large piece of linen on a rather less diameter than that of the glass, and slowly apply this little apparatus to the previously sheaved skin. Keep the whole in its place by means of moderate pressure with the fingers.

As soon as a red ring, about 2 *centimetres* in breadth, is observed round the glass, it is certain that vesication is effected. Sometimes scarcely 30 seconds are necessary for obtaining this result. It remains only to remove the apparatus, to wash the part, and to tear away with a pair of nippers the epidermis, which comes off easily and in one piece.

The dressing is according to the object in view,—to the indications of the endermic method for example.—*Chemist from Bull. de Therap.—Am. Jour. of Pharmacy.*

GENERAL INTELLIGENCE.

The following extracts from an "Introductory Lecture to the course of Clinical Surgery in the Pennsylvania Hospital," by G. W. Norris, M. D., published in the Medical News, are commended to the attention of the profession. Seldom have more just and noble precepts been addressed by a teacher to his pupils, never perhaps, at any period of the history of our art, were they more demanded. Coming from a surgeon of so venerable an institution, whose example so perfectly illustrates his teachings, they are calculated to have a salutary influence upon the minds of students and surgeons. D. B.

"I believe, gentlemen, that a crying and increasing defect in the teaching of these times, is a neglect of the principles of surgery. Beginners in the study of our science naturally enough become weary of the detail of principles, and when opportunities offer, love to wander off and witness operations. These when determined on with judgment, while they distract the mind from tiresome rules, instruct in what is certainly a highly important part of the profession, and to a wholesome degree should be encouraged; but important and dazzling as the calmness of mind and ability to perform them well may be, it is to be remembered that their acquisition is the least part of a surgeon's education, and a necessity for their performance the opprobrium of our science. To understand the nature of the affections in which operations are demanded, and to distinguish accurately these from such as are

remediable by medical means, to determine the moment when the knife should be resorted to, and under what circumstances it is to be withheld, to know precisely what should be done before an operation, and the best course of treatment after it, are the great and difficult points to which attention should at all times be principally directed. Operative surgery, much as it should be valued, is, when compared to these, of only secondary importance; and incessantly to dwell upon it and magnify its results, and consequence, is again to degrade our science to the rank which in former times it held when connected with the barbers."

"In operative medicine as in all other matters connected with our profession, the Father of American surgery shines forth a bright example to us, and would that they whose stations give authority to their teachings, would frequently recall it to the recollections of their pupils. Justly looking upon improvements in medical surgery as infinitely more glorious than displays with the knife, he on all occasions zealously endeavored to avoid the performance of bloody operations. Fixed in his principles, no desire of notoriety, or wish to appear as an originator, ever induced him to operate in cases of doubtful utility. Candid in his opinions to the suffering on the probable benefits of operative measures, and to the profession on his results, he rose to occupy that niche in the Temple of Fame to which his countrymen have unanimously elevated him; and may we not hope that a recollection of PHYSICK's course will yet one day win back those who have strayed from the paths of legitimate surgery, impel students to eschew that desire of operative show and notoriety which is now so baneful and so common, and induce them to bestow more attention to the acquirement of the solid principles which will guide them in the treatment of disease, than to witnessing operations the actual and final results of which are not presented, and which from their nature can but in very few instances be determined by them."

WE cannot resist the temptation to extract from that lively and spirited periodical, the Boston Medical and Surgical Journal, the following sketch of a distinguished surgeon of New York. From its fidelity it would be easily recognized by every one acquainted with the original if the name were omitted: D. B.

"Dr. Parker is a native of Massachusetts; and for the gratification of our Yankee brethren, who may not have known him, I feel an irresistible desire to speak more particularly of him, and especially as I am sure mine were but the views and impressions received generally by the many medical gentlemen visiting that city during the past winter. Dr. P., I learned, was a graduate of Harvard, and also of the Massachusetts Medical College; of the latter about 1829 or 1830, since which time he has been constantly occupied, either in the anatomical or surgical chair of some of our medical colleges. He is now about 40, with a cheerfulness, viva-

city and youthful expression that would seem to assure us that he had escaped the sorrows and internal conflicts that make visible the years of most men. Dr. P. is about, or little short of, six feet in height, of as perfect development, as it regards size, form and poportion, as is easy to conceive, and although not less so in attitude and movements, there is a careless unconsciousness of this trifling matter, that makes it of peculiar interest to the stranger. He has a dark eye, black hair, and a countenance of great animation, especially when lit up by his favorite subject—*surgery*. When we have added to these the intimate and thorough knowledge of his subject, obtained by fifteen years' zealous devotion as a lecturer and practitioner, a fine voice, easy command of language, and great facility of utterance, a discriminating mind, and a good fund of "*common sense*" withal, it will not be difficult to form some idea of him as a lecturer, or a practical surgeon. Another particular, that will be readily observed by the stranger, in the character of Professor P., is a freedom from that egotism and spirit of detraction, that has poisoned the minds and shadowed the reputations of so many able surgeons; and in its stead, he will perceive a modesty, a spirit of benevolence and sincerity, that enables the possessor as readily to discern the merits and achievements of others, and as willing to acknowledge them, as though they were his own. Hence I was enabled to account for the universal high respect and friendship entertained for him by the profession, and the readiness of his rival cotemporaries to acknowledge his merits."

RUSH MEDICAL COLLEGE.

THE annual course of Lectures in this Institution for the session of 1844–'45, will commence on the 1st Monday of November next.

The lectures will be delivered as follows:

On Anatomy and Surgery, by Daniel Brainard, M. D.
" Institutes and Practice of Medicine, by Austin Flint, M. D.
" Chemistry and Pharmacy, by J. V. Z. Blaney, M. D.
" Materia Medica and Therapeutics, by John McLean, M. D.
" Obstetrics and Diseases of Women and Children, by G. N. Fitch, M. D.

At a meeting of the Board of Trustees on the 24th of June ult. the degree of doctor of medicine was conferred on William M. Butterfield. The honorary degree of doctor of medicine was conferred on T. P. Whipple, of St. Charles, Kane co., Ill.

Arrangements were also made for erecting a handsome edifice for the Institution.

NOTICE TO READERS AND CORRESPONDENTS.—We acknowledge the regular receipt (in exchange) of the Boston Medical and Surgical Journal, the Medical News, the Medical Examiner, the American Journal of Pharmacy, the Western Lancet, and the St. Louis Medical and Surgical Journal.